

Case Number:	CM14-0181836		
Date Assigned:	11/06/2014	Date of Injury:	03/04/2005
Decision Date:	12/11/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physicla Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old male with an injury date of 03/04/05. Based on the progress report dated 10/01/14 provided by [REDACTED], the patient weighs 250 pounds and suffers from chronic pain. He has been diagnosed with diabetes mellitus, gastroesophageal reflux disease, erectile dysfunction, and obstructive sleep apnea disorders. Progress report dated 08/06/14 reveals that the patient was supposed to have a left knee surgery. The patient is currently on medications including Bydureon, Glimepiride, Amitiza, Omprazole, and Cialis. He has also been given specific diet to manage his conditions, as per progress report dated 10/01/14. Diagnosis, 10/01/14- DM SEC to Chronic Pain and Weight Gain- GERD + Erectile Dysfunction- Obstructive Sleep Apnea Disorders Dr. [REDACTED] is requesting for 1 GYM MEMBERSHIP FOR 1 YEAR. The utilization review determination being challenged is dated 10/11/14. The rationale was "Gym memberships not recommended as medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment," and "treatment needs to be monitored and administered by medical professionals." Treatment reports were provided from 05/14/14 - 10/29/14 (Hand-written reports illegible).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Gym membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Membership

Decision rationale: MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." In this patient, the treating physician does not document any objective and subjective outcomes associated with a home regimen program. There are no details about the need for the use of specialized equipment. There is no plan for medical supervision at the gym. Recommendation is not medically necessary.